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FAX TRANSMISSION**DATE:** August 20, 2009**PTO IDENTIFIER:** Application Number 10/566,883-Conf. #9965
Patent Number**Inventor:** Shogo Marui et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Dwight D. Kim, Ph.D.

PHONE: (617) 517-5588**Attorney Dkt. #:** 64788(70820)**PAGES (Including Cover Sheet):** 20**CONTENTS:** Fee Transmittal Form (1 page)
Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (15 pages)
Certificate of Transmission (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/566,883

Attorney Docket No.: 64788(70820)

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Fax Cover Sheet (1 page)
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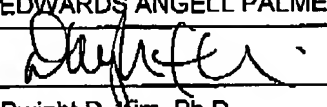
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/566,883-Conf. #9985
	Filing Date	May 15, 2008
	First Named Inventor	Shogo Marui
	Art Unit	1624
	Examiner Name	B. Kifle
Total Number of Pages in This Submission	Attorney Docket Number 64788(70820)	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Certificate of Transmission
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP	
Signature		
Printed name	Dwight D. Kim, Ph.D.	
Date	August 20, 2009	Reg. No. 57,665

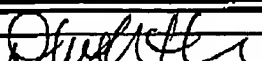
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PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4981).				Complete if Known			
FEE TRANSMITTAL				Application Number	10/566,883-Conf. #9965		
For FY 2009				Filing Date	May 15, 2008		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor	Shogo Marui		
				Examiner Name	B. Kifle		
				Art Unit	1624		
TOTAL AMOUNT OF PAYMENT		(\$)		1,110.00	Attorney Docket No.	64788(70820)	
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
<u>Fee Description</u>						<u>Small Entity</u>	
						<u>Fee (\$)</u> <u>Fee (\$)</u>	
Each claim over 20 (including Reissues)						52 26	
Each independent claim over 3 (including Reissues)						220 110	
Multiple dependent claims						390 195	
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
38	- 38 or HP	x	=	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
4	- 4 or HP	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
100	=	/50 =	(round up to a whole number) x				
4. OTHER FEE(S)						<u>Fees Paid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,110.00	
SUBMITTED BY							
<u>Signature</u>				<u>Registration No. (Attorney/Agent)</u>	57,665	<u>Telephone</u>	(617) 517-5388
<u>Name (Print/Type)</u>	Dwight D. Kuo, Ph.D.			<u>Date</u>	August 20, 2009		

BOS2 752526.1